

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002656	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/24/2015
NAME OF PROVIDER OR SUPPLIER EMERITUS AT ARBORWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 430 CLEVELAND RD GRANGER, IN 46530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00168545.</p> <p>Complaint IN00168545 - Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: March 23 & 24, 2015.</p> <p>Facility number: 002656 Provider number: 002656 AIM number: N/A</p> <p>Survey team: Diana McDonald, RN-TC</p> <p>Census bed type: Residential: 52 Total: 52</p> <p>Census payor type: Other: 52 Total: 52</p> <p>Sample: 3</p> <p>Emeritus At Arborwood was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaint IN00168545.</p> <p>Quality Review 03/25/15 by Lisa McColly</p>	R 000		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE